

**APPLICATION FOR
COUNTY POOR RELIEF ASSISTANCE**

Type of Assistance Requested: _____
Amount Requested: _____ **Date:** _____

APPLICANT INFORMATION:

Applicant's Name: _____ Social Security No: _____
AKA (also known as): _____ County of Residence: _____
Maiden Name (if applicable): _____ Date of Birth: _____
Address: _____
Telephone Number(s): Home _____ Cell _____ Work _____

Are there any other Social Security numbers that you have used in the past? Yes _____ No _____
If yes, please list those numbers: _____

Marital Status (Circle one): Married Separated Divorced Single Widowed

If married, give town, state and date of marriage: _____
If formerly married, list name of former spouse(s), date(s) of marriage, divorce, death or separation: _____

SPOUSE INFORMATION:

Spouse's Name: _____ Social Security No: _____
AKA (also known as): _____ County of Residence: _____
Maiden Name (if applicable): _____ Date of Birth: _____
Address: _____
Telephone Number(s): Home _____ Cell _____ Work _____

Are there any other Social Security numbers that your spouse has used in the past? Yes _____ No _____
If yes, please list those numbers: _____

SIGNIFICANT OTHER INFORMATION:

Full name: _____
AKA (Also known as): _____
Social Security Number: _____ Date of Birth: _____

PLEASE LIST ALL OTHER HOUSEHOLD MEMBERS:

Full Name: _____	SSN: _____	DOB: _____	Relationship: _____
Full Name: _____	SSN: _____	DOB: _____	Relationship: _____
Full Name: _____	SSN: _____	DOB: _____	Relationship: _____
Full Name: _____	SSN: _____	DOB: _____	Relationship: _____
Full Name: _____	SSN: _____	DOB: _____	Relationship: _____
Full Name: _____	SSN: _____	DOB: _____	Relationship: _____

Does anyone besides yourself claim you as a dependent on their income tax? _____

CITIZEN INFORMATION:

Are you a citizen of the United States? Yes _____ No _____
If not, what is your citizen status? _____
Are you a registered voter? Yes _____ No _____
If yes, where are you registered and in what County? _____
If you have children, where are they enrolled in school? _____

Are you a Native American: Yes _____ No _____
If you are a Native American, are you an enrolled tribal member? Yes _____ No _____
If yes, what tribe? _____

Are you a veteran? Yes _____ No _____
If yes, are you enrolled with the V.A. Hospital?: Yes _____ No _____

Are you a post secondary student? Yes _____ No _____
If yes, what school do you attend and the name of the town it is located in? _____

How much money are you receiving yearly from student loans? _____
When do you anticipate paying those loans back? _____

HISTORY OF RESIDENCE:

How long have you lived in Lake County? _____
Previous address: _____ County: _____
Did you / spouse/significant other move to Lake County for the purposes of medical care?
Yes _____ No _____
If yes, please explain: _____

APPLICANT'S EMPLOYMENT INFORMATION:

Applicant's current employer: _____
Address: _____ Phone number: _____
Hourly pay rate: _____ Hours per week: _____
Date of employment: _____
Job description: _____
Is health insurance provided or offered? Yes _____ No _____
Date eligible: _____ Amount of premium: _____

Applicant's previous employer: _____
Address: _____ Phone number: _____
Hourly pay rate: _____ Hours per week: _____
Start and end dates of employment: _____ Why left? _____
Job description: _____
Was health insurance provided or offered? Yes _____ No _____
Date eligible: _____ Amount of premium: _____
If not employed, other sources of income and amounts: _____

EMPLOYMENT INFORMATION FOR SPOUSE OR SIGNIFICANT OTHER:

Spouse's or significant others' current employer: _____
Address: _____ Phone number: _____
Hourly pay rate: _____ Hours per week: _____
Job description: _____
Date of employment: _____
Is health insurance provided or offered? Yes _____ No _____
Date eligible: _____ Amount of premium: _____

Spouses' or significant others' previous employer: _____
Address: _____ Phone number: _____
Hourly pay rate: _____ Hours per week: _____
Job description _____
Start and end dates of employment: _____ Why Left? _____
Was health insurance provided or offered? Yes _____ No _____
Date eligible: _____ Amount of premium: _____

If not employed, other sources of income and amounts: _____

FINANCIAL ASSETS AND RESOURCE INFORMATION:

Have you or your spouse/significant other been the beneficiary of an inheritance?
Yes _____ No _____
If yes, please specify: What was inherited: _____
The value of the inheritance: _____
The date of the inheritance: _____

Do you or your spouse/significant other anticipate receiving an inheritance?
Yes _____ No _____
If yes: The estimated amount: _____

Do you or your spouse/significant other anticipate receiving income from outstanding loans you have given?
Yes _____ No _____
If yes, please specify: Whom the loan was made to: _____
The amount of the loan: _____
The payment amount on the loan: _____
The repayment schedule: _____

Have you or your spouse/significant other received or anticipate receiving an IRS tax refund?
Yes _____ No _____
If yes, please specify: Amount of refund: _____
Date received or anticipated receipt: _____

Have you applied for Social Security Disability benefits?: Yes _____ No _____
If yes, please specify: Date of application: _____
Current status of the application: _____
Pending appeals and hearings: _____

Have you ever received a lump sum from Social Security for retroactive pay?
Yes _____ No _____

If yes, please specify how much was received and date received. _____

Are you currently receiving any loans, grants, or stipends for living expenses (not tuition or books) while attending a post secondary school? :

Yes _____ No _____

If yes, please specify: The amount received: _____

The time frame it covers: _____

PROPERTY VALUE OF HOME AND OTHER REAL PROPERTY:

<i>Property</i>	<i>Current Fair Market Value</i>	<i>Encumbrances</i>	<i>Equity Value</i>
House / Real Estate	-	=	
Vehicles	-	=	
Recreational Vehicles:	-	=	
Other (please list)	-	=	
Other (please list)	-	=	
Other (please list)	-	=	

Do you or your spouse/significant other currently own a business? Yes _____ No _____

If yes, please specify: Name of the business: _____

Location of business: _____

Dates of ownership: _____

Equity value of equipment, property and inventory: _____

Are you or your spouse/significant other currently a partner/silent partner in a business? Yes _____ No _____

If yes, please specify: Name of the business: _____

Location of business: _____

Have you or your spouse/significant other sold or transferred any property within the last 36 months or in the 36 months prior to the onset of this illness? Yes _____ No _____

If yes, please explain: _____

Are you or your spouse/significant other involved in a contract for deed or lease situation either as a seller or a buyer? Yes _____ No _____

If yes, please explain: _____

INSURANCE:

<i>TYPE</i>	<i>MONTHLY PREMIUM</i>
Medical:	
Dental:	
Auto (pertaining to one vehicle only):	
House:	
Renters:	
Other (Explain):	

Do you have a life insurance policy? Yes _____ No _____

If yes, please specify: Is it whole life or term life? _____
Limits of policy? _____
Cash value of policy? _____
Names of beneficiaries _____

Have you or your spouse applied for or been turned down for health insurance in the past 12 months? Yes _____ No _____

If yes, please explain why. _____

Have you or your spouse ever been eligible for health insurance under COBRA provisions? Yes _____ No _____

If yes, please specify: When? _____
Amount of premium? _____

Did you ever refuse a COBRA plan? Yes _____ No _____

**IF YOU OR YOUR SPOUSE/SIGNIFICANT OTHER HAVE ANY OF THE FOLLOWING ASSETS,
PLEASE LIST INCLUDING THE AMOUNTS AND THE ACCOUNT NUMBERS:**

<i>TYPE</i>	<i>AMOUNT</i>	<i>ACCOUNT NUMBER</i>
One Time Capital Gains:		
Mutual Funds:		
IRA's		
Retirement Plan:		
Annuities:		
Investments:		
Stocks:		
CD's:		
Money Markets:		
Disability Income:		
Savings:		
Checking Accounts:		
Cash on Hand:		
Bonds:		
Any other investments or money holding institutions?:		

Are you or your spouse/significant other listed on a joint account with another individual: Yes _____ No _____

If yes, please specify: Name of other individual: _____
Description of the account: _____
Holder of the account/ name of company: _____
Account number: _____

RESOURCES:

<i>TYPE</i>	<i>AMOUNT</i>
WIC:	
Food Stamps (SNAP)	
Low Income Energy Assistance Program (LIEAP)	
Subsidized Housing:	
Child Care Assistance:	
Utility Allowance:	
Has any household member received assistance from any other agency in the past 30 days:	
Explain: _____	
Does any household member expect to receive income this month that's not previously reported:	
Explain: _____	

MONTHLY EXPENSES:

<i>TYPE</i>	<i>AMOUNT</i>
Actual rent paid	
Scheduled principal and interest payments for a personal residence	
Property taxes and homeowners insurance costs	
Utilities: Heating (Liquid propane, Natural Gas, Fuel Oil)	
Utilities: Electricity	
Utilities: Water	
Utilities: Phone	
Childcare expenses related to work schedules (minus child care assistance)	
Groceries (minus SNAP benefits)	
Household supplies and toiletries	
Basic auto expenses, gas, and upkeep	
Health insurance (out-of-pocket)	
Life insurance (out-of-pocket)	
Auto insurance (out-of-pocket)	
Monthly health or medical installment payments:	
Customary monthly expenses for medicine & medical care	
Court ordered child support	
Court ordered alimony	
Automobile installment payments (pertaining to one vehicle only)	
Other expenses (clothing & installment debt for necessary household items)	

INCOME / ASSISTANCE INFORMATION:

<i>TYPE</i>	<i>APPLICANT</i>		<i>SPOUSE / OTHERS</i>	
	<i>Amount</i>		<i>Name</i>	<i>Amount</i>
Social Security:				
SSI / SSD				
VA Benefits:				
Nat'l Guard / Reserve:				
BIA / GA Tribal Funds:				
Lease Payments:				
TANF:				
Foster Care:				
Salary and wages and tips				
Commissions & bonuses				

Disability Insurance payment			
Self-employment:			
Unemployment Benefits:			
Workers' Compensation:			
Vacation / Sick Leave:			
Retirement / Pensions			
Strike Benefits:			
Alimony:			
Child Support:			
Insurance Settlement:			
Insurance Face Value:			
Scholarships (after tuition/books)			
Loans & grants (after tuition/books)			
Interest and dividends			
Rents, royalties, investments			
IRS refund			

DECLARATION

I will supply all necessary information to support this application for county assistance.

I authorize a representative of the county to make all necessary inquiries to verify claims on my application.

I understand that the making of any false statement as to financial status or other required information in the above application with knowledge of such falsity, may be a crime in violation of SDCL 28-13-16.2.

I understand that, in accordance with SDCL 28-14, a lien will be filed against me and any personal property or real property that I now own, or have legal interest in, or may own in the future, for any assistance given to me by Lake County. I further understand that I am required by law to make repayments to Lake County for assistance given. Should there be no action made on repaying this lien, it will be subject to collection.

I understand that assigning or transferring any property at any time before or after making an application for poor relief for the purpose of becoming eligible for assistance, may be a crime in violation of SDCL 28-13-43.

I swear and affirm that the statements made herein are true and correct and I have provided all necessary documentation to validate my claim for county poor relief.

Applicant signature

Date

Co-applicant signature

Date

